

# UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB	APPI	ROV	AL
OMB Number			3235-0076
Expires:		Ma	ay 31, 2002
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)									
Surf Apartments Limited Partnership									
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE									
Type of Filing: New Filing Amendment									
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the issuer									
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)									
Surf Apartments Limited Partnership									
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Acca Code)									
c/o Banner Property Management, Inc., 500 Skokie Blvd. #600, (847) 501-5450									
Northbrook, IL 60062									
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
(if different from Executive Offices)									
Brief Description of Business FEB 1 0 2005									
Peal actate development									
Type of Business Organization									
corporation limited partnership, already formed other (please specify): limited habitty									
☐ business trust ☐ limited partnership, to be formed company									
Month Year									
Actual or Estimated Date of Incorporation or Organization: 0 5 8 5 🗵 Actual 🗀 Estimated									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:									
CN for Canada; FN for other foreign jurisdiction)  1 L									

#### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Each promoter of the issuer. If the issuer has been organized within the post the years:  Each productified more through prover to vote or dispose, or dispose, or disposition of, 10% or more of a class of equity securities of the issuer.  Each escentive officer and director of component issuers and of chipcrate general and managing partners of partnership issuers; and Each searchine officer and director of componentship issuers.  Check Box(s) that Apply:   Promoter   Beseticial Owner   Executive Officer   Director   General Partner    Pull Name (Lost name first, if individual)  Southwoods GP, LLC  Southwoods GP, LLC  Southwoods GP, LLC  White and Street, City, State, Zip Code)  Check Box(s) that Apply:   Promoter   Beseticial Owner   Executive Officer   Director   Manager  Full Name (Lost name first, if individual)  Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL. 60062  Check Box(s) that Apply:   Promoter   Beseticial Owner   Executive Officer   Director   Manager  Full Name (Lost name first, if individual)  Milton Pinsky 2004 Trust  Banner Apparty Management, Inc., 500 Skokie Blvd., Northbrook, IL. 60062  Check Box(s) that Apply:   Promoter   Beseticial Owner   Executive Officer   Director   Manager  Full Name (Lost name first, if individual)  Milton Pinsky 2004 Trust  Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL. 60062  Check Box(s) that Apply:   Promoter   Beseticial Owner   Executive Officer   Director   Central and/or Managing Patriner  Full Name (Lost name first, if individual)  Milton Pinsky  Obusiness or Residence Address (Number and Street, City, State, Zip Code)  Cohes Box(s) that Apply:   Promoter   Beseticial Owner   Executive Officer   Director   General and/or Managing Patriner  Full Name (Lost name first, if individual)  Martin Pinsky  Duriness or Residence Address (Number and Street, City, State, Zip Code)  Cohes Box(s) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Patriner  Full Name (Lost name first,	<sup>3</sup> 2.	Enter the information r	equested for the fol	lowing:			
of the issuer:    Each general and managing partner of partnership issuers: and		Each promoter of	the issuer, if the iss	suer has been organized wi	thin the past five years;		
Check Bank(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General Partner    Full Name (Last name first, if Individual)  Southwoods GP, LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Manager    Full Name (Last name first, if Individual)  Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL. 60062  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Manager    Full Name (Last name first, if Individual)  Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL. 60062  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Manager    Full Name (Last name first, if Individual)  Milton Pinsky 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Managing Partner    Full Name (Last name first, if individual)  Milton Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Full Name (Last name first, if individual)  Milton Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Full Name (Last name first, if Individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Full Name (Last name first, if Individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or			wner having the pov	wer to vote or dispose, or d	irect the vote or dispositio	n of, 10% or more	e of a class of equity securities
Check Box(es) that Apply   Promoter		Each executive of	fficer and director o	f corporate issuers and of c	corporate general and mana	aging partners of p	partnership issuers; and
Southwoods GP, LLC		Each general and	managing partner o	f partnership issuers.			
Business or Residence Address (Number and Street, City, State, Zip Code)	Che	eck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☑ General Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(ex) that Apply:			if individual)				
Check Box(es) that Apply:							
Check Box(es) that Apply:					•		
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter	<u>c/o</u>	Banner Property N	lanagement, Inc		Northbrook, IL 60062	2	<del></del>
Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Full Name (Last name first, if individual)  Milton Pinsky  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Full Name (Last name first, if individual)  Milton Pinsky  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Full Name (Last name first, if individual)  Martin Pinsky 2004 Trust  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Code Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter  Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Code Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Code Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter  Business or Residence Address  C(Number and Street, City, State, Zip Code)  Code Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Che	eck Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ Manager
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Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  Cfo Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Cfo Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code)  Cfo Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Ba	nner Apartments, L	LC				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager  Full Name (Last name first, if individual)  Milton Pinsky 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Milton Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)	Bus	iness or Residence Addr	ess	(Number and Street, Cit	y, State, Zip Code)		
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Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Sensition of Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Sensition of Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Sensition of Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Sensition of Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Che	eck Box(es) that Apply:	<b>☒</b> Promoter	Beneficial Owner	Executive Officer	☑ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply:	Ful	l Name (Last name first,	if individual)				
Check Box(es) that Apply: Promoter  Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  C/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter  Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter  Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter  Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	<u>Mi</u>	lton Pinsky					
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Full Name (Last name first, if individual)  Martin Pinsky  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	_c/o	Banner Property M	Ianagement, Inc	e., 500 Skokie Blvd., N	Northbrook, IL 60062	2	
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Che	eck Box(es) that Apply:	<b>⊠</b> Promoter	Beneficial Owner	☐ Executive Officer	Director	<b>—</b>
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Ful	Name (Last name first,	if individual)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Ma	artin Pinsky					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Bus	iness or Residence Addr	ess	(Number and Street, Cit	y, State, Zip Code)		
Full Name (Last name first, if individual)  David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	_c/o	Banner Property M	lanagement, Inc	c., 500 Skokie Blvd., N	Northbrook, IL 60062	2	
David and Gail Pinsky Gottlieb 2004 Trust  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Che	eck Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	<b>—</b>
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	Ful	Name (Last name first,	if individual)				
c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062	_Da	vid and Gail Pinsky	Gottlieb 2004 T	<u>Frust</u>	*		
	Bus	iness or Residence Addr	ess	(Number and Street, Cit	y, State, Zip Code)		
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	_c/o	Banner Property M	lanagement, Inc	c., 500 Skokie Blvd., N	Northbrook, IL 60062	2	
			(Use blan	k sheet, or copy and use a	additional copies of this s	sheet, as necessar	y.)

A. BASIC IDENTIFICATION DATA

				В.	INFORMA	TION ABO	UT OFFER	RING				
	•										Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										, 🗆	$\boxtimes$
	Answer also in Appendix, Column 2, if filing under ULOE.											
2.	What is the minimum investment that will be accepted from any individual?										\$ <u>N/A</u>	
											Yes	No
3.	Does the offering	g permit join	t ownership c	of a single u	nit?			***************************************			X	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full	Name (Last name	e first, if indi	vidual)									
Bus	iness or Residence	e Address		(Number	and Street,	City, State, 2	Zip Code)				<del></del>	
Nan	ne of Associated Br	oker or Deale	er									
State	es in Which Person	Listed Has S	olicited or Inte	ends to Soli	cit Purchasers	3						
	(Check "All State	s" or check ir	ndividual State	es)							All	States
[	AL] [AK]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[ CT ]	[ DE ]	[ DC ]	[ FL ]	[ GA ]	[ HI ]	[ ID ]
[	IL ] [ IN ]	1A	[ KS ]	{ KY }	[ LA ]	[ ME]	[ MD]	[ MA]	( MI )	[ MN]	[ MS]	[ MO]
	MT] [NE]	[ NV ]	[ NH ]	[ NJ ]	[ NM]	[ NY ]	[NC]	[ ND ]	[ OH ]	[ OK ]	[ OR ]	[ PA ]
	RI ] [SC]	[ SD ]	[ TN ]	[ TX ]	[ UT ]	[ VT ]	[ VA ]	[ WA]	[ WV]	{ WI ]	[ WY]	[ PR ]
Full	l Name (Last name	e first, if indi	vidual)									
Bus	iness or Residence	e Address		(Number	and Street,	City, State, 2	Zip Code)					
Nan	ne of Associated Br	oker or Deale	er								<del></del> .	
Stat	es in Which Person	Listed Has S	folicited or Inte	ends to Soli	cit Purchasers	3				<del></del>		
	(Check "All State	s" or check in	ndividual State	es)			••••				. D All	States
[	AL] [AK]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[ CT ]	[ DE ]	[ DC ]	[ FL ]	[ GA ]	[ HI ]	[ ID ]
[	IL ] [ IN ]	[ lA ]	[ KS ]	[ KY ]	[ LA ]	[ ME]	[MD]	[ MA]	[ MI ]	[MN]	[ MS]	[ MO]
	MT] [NE]	[ NV ]	[ NH ]	[ NJ ]	[ NM]	[ NY ]	[ NC ]	[ ND ]	[ OH ]	[ OK ]	[ OR ]	[ PA ]
	RI ] [ SC ]  Name (Last name	[ SD ] e first, if indi	[ TN ] vidual)	[ TX ]	[ UT ]	[ VT ]	[ VA ]	[ WA]	[ WV]	[ WI ]	[ WY]	[ PR ]
		· ·										
Bus	siness or Residence	e Address		(Number	and Street,	City, State, Z	Zip Code)					
Nan	ne of Associated Br	oker or Deale	er									
State	es in Which Person	Listed Has S	olicited or Inte	ends to Soli	cit Purchasers							
	(Check "All State					•••••					□ All	States
[	AL] [AK]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[ CT ]	[ DE ]	[ DC ]	[ FL ]	[ GA ]	[ HI ]	[ ID ]
[	[L] [IN]	[ IA ]	[KS]	[ KY]	[ LA ]	[ ME]	[ MD]	[ MA]	[ MI ]	[MN]	[ MS]	[ MO]
	MT] [NE]	[ NV ]	[ NH ]	[ NJ ]	[ NM ]	[ NY ]	[ NC ]	[ ND ]	[ OH ]	[ OK ]	[ OR ]	[ PA ]
[_	RI ] [SC]	[ SD ]	[ TN ]	{ TX }	[ UT ]	[ VT ]	[ VA ]	[ WA]	[ WV]	[ WI ]	_[ WY]	[ PR ]

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggrega Offering P		Amount Already Sold
	Debt	\$	_	\$
	Equity	\$	<del></del>	\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	<u>.                                    </u>	\$
	Partnership Interests	\$		\$
	Other (Specify Class A Limited Partnership Interests)	\$2,100,000	)	\$589,000
	Total	\$2,100,000	,	\$589,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investor		Aggregate Dollar Amount of Purchases
	Accredited Investors	4		\$589,000
	Non-accredited Investors	0		. \$0
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			i
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.			
		Type of Security		Dollar Amount Sold
	Type of offering	Security		Sold
	Rule 505			* *
	Rule 504			
	Total Total			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	••••••		\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fees	•••••	X	\$10,000
	Accounting Fees		×	\$2,500
	Engineering Fees.	•••••		\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify) blue sky filing fees		X	\$500
	Total	********	X	\$13,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING FRIC	E, NUMBER OF INVESTORS, EAFEN	ISES AND	USE OF PROCEE	שט	
b. Enter the difference between the aggr Question 1 and total expenses furnished in res "adjusted gross proceeds to the issuer."	sponse to Part C - Question 4.a. This differ	rence is the			\$2,087,000
<ol> <li>Indicate below the amount of the adjusted gro for each of the purposes shown. If the amou and check the box to the left of the estimal adjusted gross proceeds to the issuer set forth</li> </ol>	ant for any purpose is not known, furnish te. The total of the payments listed mus	an estimate t equal the			
*Section not applicable due to the nature of an exch	nange offering.		Payments to Officer Directors, & Affiliates	s,	Payments to Others
Salaries and fees		🗆	\$		\$
Purchase of real estate		🗆	\$		\$
Purchase, rental or leasing and installation of	machinery and equipment	🗀	\$		\$
Construction or leasing of plant buildings and	facilities	🗆	\$		\$
Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	assets or securities of another issuer		\$		\$
Repayment of indebtedness			\$ <u></u> \$ <u>2,087,000</u>		\$
Working capital			\$2,087.000	_	\$
			э <u> </u>		5
Other (specify):		_ ⊔	<b>3</b>		Φ
		_ [7]	\$	П	\$
Column Totals			\$2,087,000		\$
Total Payments Listed (column totals added).		_		2,087,000	
Total Laymons Elsted (column totals added)			Φ.	2,087,000	
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be following signature constitutes an undertaking request of its staff, the information furnished	ng by the issuer to furnish to the U.S	S. Securiti	es and Exchange	Commiss	sion, upon written
Issuer (Print or Type)	Signature		Date		
Surf Apartments Limited Partnership	As 115		February 7, 20	05	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	•			
Milton Pinsky	President of the solement of Go	eneral Pai	rtner		
,					
	ATTENTION				
Intentional misstatements or o	missions of fact constitute federal	criminal s	iolations (See 1	RUSC	1001 )

	E. STATE SIGNATUI	RE	
1. Is the party described in 17 CFR 230.2 provisions of such rule	Yes No		
	See Appendix, Column 5, for st	tate response.	
2. The undersigned issuer hereby undertake Form D (17 CFR 239.500) at such times	•	trator of any state in which this notice	e is filed, a notice on
3. The undersigned issuer hereby undertake issuer to offerees.	es to furnish to the state administ	rators, upon written request, informa	tion furnished by the
4. The undersigned issuer represents that the Limited Offering Exemption (ULOE) availability of this exemption has the burn	of the state in which this notic	e is filed and understands that the	
The issuer has read this notification and kn undersigned duly authorized person.	ows the contents to be true and h	as duly caused this notice to be signed	d on its behalf by the
Issuer (Print or Type)	Signature	Date	
Surf Apartments Limited Partnership	/s/ Milton Pinsky	February 7, 2005	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		

President of the Sole Member of General Partner

## Instruction:

/s/ Milton Pinsky

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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1	2 3					4		5		
The company of the control of the co	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		X	\$2,100,000 Class A Limited Partnership Interests	1	\$63,000	O	0	Angelen and a second and a seco	X	
AR										
CA		X	\$2,100,000 Class A Limited Partnership Interests	0	0	O	0		X	
СО										
СТ										
DE										
DC										
FL		X	\$2,100,000 Class A Limited Partnership Interests	1	\$126,000	0	0		X	
GA				de la			And the state of t		And Parising and Roseles and References	
HI			againe sell describe rive and an all all all the charges right and the	annigh <u>annis views ja kalikusian</u> kasinni kisosifas	and the state of t		ناه ما العامل عبد برور مرور مرور المراجع العامل عبد المراجع العامل المراجع العامل المراجع العامل المراجع المراجع			
ID							فكالموسات والمراجع والمستعدد المستعدد ا			
IL		X	\$2,100,000 Class A Limited Partnership Interests	2	\$400,000	0	0		X	
IN				this was a second of the secon			الله الله الله الله الله الله الله الله			
IA										
KS							a de la companione de l	-		
KY							i i jagan jagan kan mendenga <u>matahan men</u> denga kan bang mendengan kentangan di bandang mendengan berandang mende			

1	Intend to non-ac investor:	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	The state of the s	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
LA									
ME									
MD									
MA		And the second s						100	
MI								ļ	
MN					a			1	
MS	-							1	<u> </u>
МО									
МТ									
NE					<u>, , , , , , , , , , , , , , , , , , , </u>			, nr	
NV									
NH								19	
NJ			and the second s						
NM NY									
NC									
OH		X	\$2,100,000 Class A Limited Partnership Interests	0	0	0	0	William Committee Agency Committee C	X
OK									
OR								Pi	
PA								2456	
RI									
SC		X	\$2,100,000 Class A Limited Partnership Interests	0	0	0	0		X
SD					<u> </u>				
TN 530779_2					8 of 9		and the second seco		EC 1972 (6/9

1	Intend to non-a investor	Type of security and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)  Type of security and aggregate offering price amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
TX		X	\$2,100,000 Class A Limited Partnership Interests	0	0	0	0	, sign	X
UT									
VT								410	Abremble and a second a second and a second
VA								1143	
WA									
wv									
WI		, ,							
WY									
PR									